



February 20, 2020 3:00 pm

Location: 450 W. State St., 7th Floor,  
Conference Room 7A

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## Meeting Minutes:

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**Member Attendees:** Matt Bell, Kathy Brashear (phone), Denise Chuckovich, Dr. Ted Epperly, Dr. Mike Hajjar, Lisa Hettinger, Yvonne Ketchum-Ward, Dr. David Pate, Susie Pouliot, Patt Richesin, Christina Thomas (phone), Larry Tisdale, Dr. Karl Watts, Matt Wimmer, Russ Duke proxy for Nicole Zogg

**DHW Staff:** Mary Sheridan, Matt Walker, Marissa Guerrero, Stephanie Sayegh, Ann Watkins

**Guests:** Janet Reis, Alexis Pickering, Paulette Laird (phone), Jenni Gudapati, Jennifer Wheeler, Jim Borchers (phone), Dave Jeppesen, Dieuwke Dizney-Spencer, Maggie Mann (phone), Ethan Despain, Hans Kastensmith, Cynthia York, Joey Vasquez, Sophia Brasil, Prudence Vincent

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## Summary of Motions/Decisions:

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**Motion:**

Matt Bell moved to accept the minutes of the December 19<sup>th</sup>, 2019, meeting of the Healthcare Transformation Council of Idaho as presented.  
Second: Dr. David Pate

**Outcome:**

**Passed**

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## Agenda Topics:

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**Welcome and Opening Remarks; Roll Call; Introductions; Review of Minutes; Action Items, and Agenda Review-** *Dr. Ted Epperly & Dr. David Pate, Co-Chair of the HTCI*

Dr. Epperly opened the meeting and acknowledged everyone's hard work to continue to advance HTCI initiatives.

**Legislative update and overview of the value-based healthcare brief** – *Mary Sheridan, Bureau of Rural Health & Primary Care, IDHW*

Elke Shaw-Tulloch presented the Division of Public Health budget request to the Joint Finance and Appropriations Committee (JFAC). One budget item was a request transfer the Office of Healthcare Policy Initiatives (OHPI), its 2.0 FTP and funding to the Division of Public Health. Elke described the goals and objectives and the importance of continuing to support OHPI, the Healthcare Transformation Council of Idaho, and value-based healthcare. There were no specific questions about OHPI or HTCI. Following the presentation, Elke shared the value-based healthcare brief with JFAC.

Mary also encouraged HTCI members to share the value-based healthcare brief with stakeholders and partner organizations.

**The Western Idaho Community Health Collaborative (WICHC)** – *Alexis Pickering, Health Strategist, WICHC*

Alexis Pickering provided an overview of WICHC, its organizational structure, and areas of focus. The organization includes 21 diverse members that work collaboratively. HTCI members expressed appreciation for the group's purpose and efforts to address social determinants of health and community health improvement.

**The Community Health Center Network of Idaho (CHCNI)** – *Yvonne Ketchum-Ward, CEO, Idaho Primary Care Association*

Yvonne Ketchum-Ward shared information and data about CHCNI. The network includes 14 Federally Qualified Health Centers located throughout the state. Their purpose is to strengthen and support health centers and work collaboratively with payers. The network is clinically and financially integrated which allows the network to implement value-based healthcare. HTCI members appreciated the network member access to real time data and the value this brings to decision-making and healthcare delivery.

**Telehealth Task Force update** – *Jenni Gudapati, TTF Co-Chair and Ann Watkins, Bureau of Rural Health & Primary Care*

Jenni Gudapati provided a brief update about the January Telehealth Task Force (TTF) meeting and structure. TTF includes 12 members, the group meets monthly, and subject matter experts provide information to inform the group.

**Rural Health & Frontier Healthcare Solutions Workgroup update** – *Patt Richesin, President, Kootenai Care Network and Larry Tisdale, VP Finance, Idaho Hospital Association*

Patt Richesin and Larry Tisdale provided a brief overview of the meeting on February 13. The workgroup meets for full day facilitated discussions with feedback by subject matter experts. Dr. Craig Jones participated in the meeting and offered to assist in an ongoing capacity to support the workgroup. His contributions and insight have been tremendously valuable.

The workgroup entered into executive session and to review hospital financial data. The discussion led to the creation of a subcommittee working on a draft model for value-based care. The subcommittee will meet weekly until the next workgroup meeting on March 12.

**Medicaid Expansion and Healthy Connections Value Care update** – *Matt Wimmer, Medicaid Administrator*

Matt Wimmer shared that 63,713 people have enrolled under Medicaid expansion. The first value-based healthcare agreement was signed, and more are on the way. Matt also provided the following general Medicaid updates. The work requirement waiver is still pending approval and there has been quite a bit of back and forth with CMS. The family planning waiver is in development. Coverage choice waiver was rejected August 2019, it is being reviewed for possible resubmission. Regarding the block grant option: it is very prescriptive and may be difficult to work under. Legislators have not expressed interest in pursuing at this time.

**Closing-** *Dr. Ted Epperly*

Next meeting is scheduled for March 19, 2020

**Meeting Adjourned:** 04:58 pm



# Healthcare Transformation Council of Idaho

## Action Items

**March 19, 2020 3:00PM**

■ Action Item 1 – February HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the February 20, 2020, HTCI meeting:

Motion: I, \_\_\_\_\_ move to accept the minutes of the February 20, 2020, meeting of the Healthcare Transformation Council of Idaho as presented.

Second: \_\_\_\_\_

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HTCI  
HEALTHCARE TRANSFORMATION  
COUNCIL OF IDAHO



**Get Healthy**  
IDAHO

Building Healthy and Resilient Communities

## Using Idaho's Leading Health Indicators and Other Data to Inform the Initiative

Elke Shaw-Tulloch, Administrator, Division of Public Health  
Joe Pollard, Program Manager, Office of Policy, Performance & Strategy  
Healthcare Transformation Council of Idaho- March 19, 2020

# Get Healthy Idaho: Building Healthy and Resilient Communities



**Get Healthy**  
IDAHO

## **VISION**

Healthy people living and thriving in safe, healthy and resilient communities

## **MISSION**

To create the conditions that ensure all people can achieve optimal health and resiliency

# Get Healthy Idaho: Building Healthy and Resilient Communities



**GetHealthy**  
IDAHO

## STRATEGIES

- Identify high-priority communities
- Cultivate partnerships and capacity
- Achieve a shared vision
- Community-led approach
- Invest funds upstream
- Impact Social Determinants of Health

## OUR STRATEGY

### Identify

Use data to identify high-priority communities and assess needs. Identify upstream approaches to improve the conditions that impact health.

### Cultivate

**Cultivate** partnerships and build capacity to **empower** communities to drive and lead place-based health initiatives.

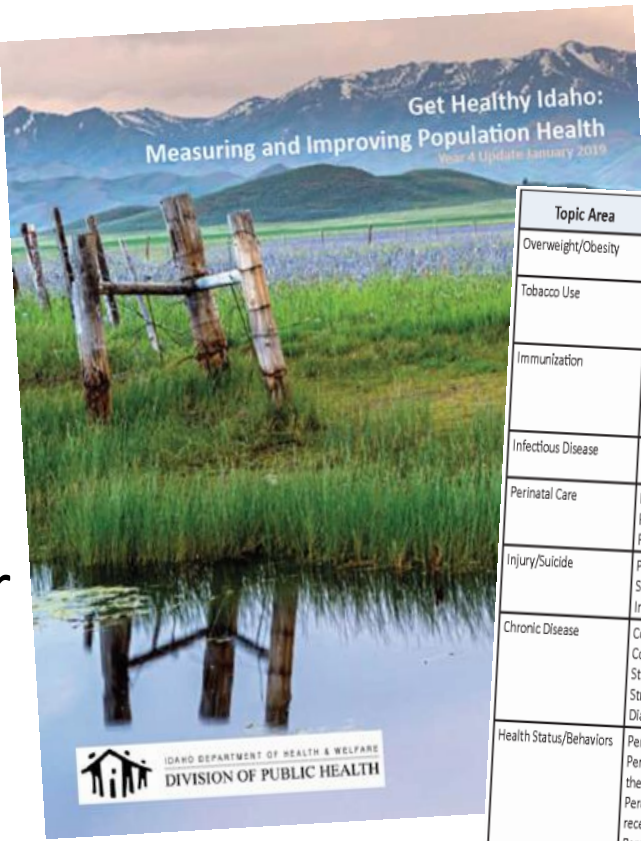
### Invest

Invest in Partnerships, People and Places through upstream Policy, Systems and Environmental Strategies to improve health where we live, learn, work, and play.

# Idaho's Leading Health Indicators

Idaho's Leading Health Indicators, developed by the Division of Public Health (DPH) in 2014, provided the framework for the core data of the Get Healthy Idaho statewide health assessment conducted in 2015.

The Leading Health Indicators (LHIs) offer a consistent approach to assess the health of Idahoans and provide a way to determine if the health status of Idahoans is changing or improving over time.



Topic Area	Leading Health Indicator
Overweight/Obesity	Percentage of adolescents overweight/obese <sup>1</sup> Percentage of Idaho adults who are overweight/obese <sup>2</sup>
Tobacco Use	Percentage of adolescents who currently smoke <sup>1</sup> Percentage of Idaho adults who are current smokers <sup>2</sup> Percentage of Idaho adults who use smokeless tobacco <sup>3</sup>
Immunization	Percentage of 19-35 month olds who received 4+doses of DTap <sup>1</sup> Percentage of adolescents aged 13 to 15 years reporting having been vaccinated with 3+ doses of the HPV vaccine <sup>2</sup> Annual Incidence of Pertussis (Whooping Cough) <sup>3</sup>
Infectious Disease	Annual incidence rate of enteric diseases reportable to public health <sup>1</sup> Annual incidence of STDs (chlamydia, gonorrhea, syphilis - does <u>not</u> include HIV) <sup>2</sup>
Perinatal Care	Percentage of Idaho mothers who received adequate prenatal care <sup>1</sup> Percentage of Idaho resident live births with low birth weight <sup>2</sup> Percentage of Idaho resident live births with pre-term delivery <sup>3</sup>
Injury/Suicide	Percentage of adolescents who have attempted suicide <sup>1</sup> Suicide death rates <sup>2</sup> Injury fatalities (ages 1-44) <sup>3</sup>
Chronic Disease	Coronary heart disease prevalence <sup>1</sup> Coronary heart disease death rates <sup>2</sup> Stroke prevalence <sup>3</sup> Stroke death rates <sup>4</sup> Diabetes prevalence <sup>5</sup>
Health Status/Behaviors	Percentage of Idaho adults who consume 5 or more servings of fruits and vegetables a day <sup>1</sup> Percentage of Idaho adults aged 50-75 years of age who receive colorectal cancer screening based on the most recent guidelines <sup>2</sup> Percentage of Idaho women aged 50-74 who receive a breast cancer screening based on the most recent guidelines <sup>3</sup> Percentage of Idaho adults with no leisure time physical activity <sup>4</sup> Percentage of Idaho adults who have not visited the dentist in the past 12 months <sup>5</sup>
Access/Systems	Percentage of Idaho adults without healthcare coverage <sup>1</sup> Percentage of Idaho adults without a usual healthcare provider <sup>2</sup> Number of active primary care physicians per 100,000 <sup>3</sup>
Reproductive Health	Adolescent pregnancy rates (ages 15-17) <sup>1</sup> Percentage of adolescents that had sexual intercourse for the first time at 15 years or younger <sup>2</sup>

# Idaho's Leading Health Indicators

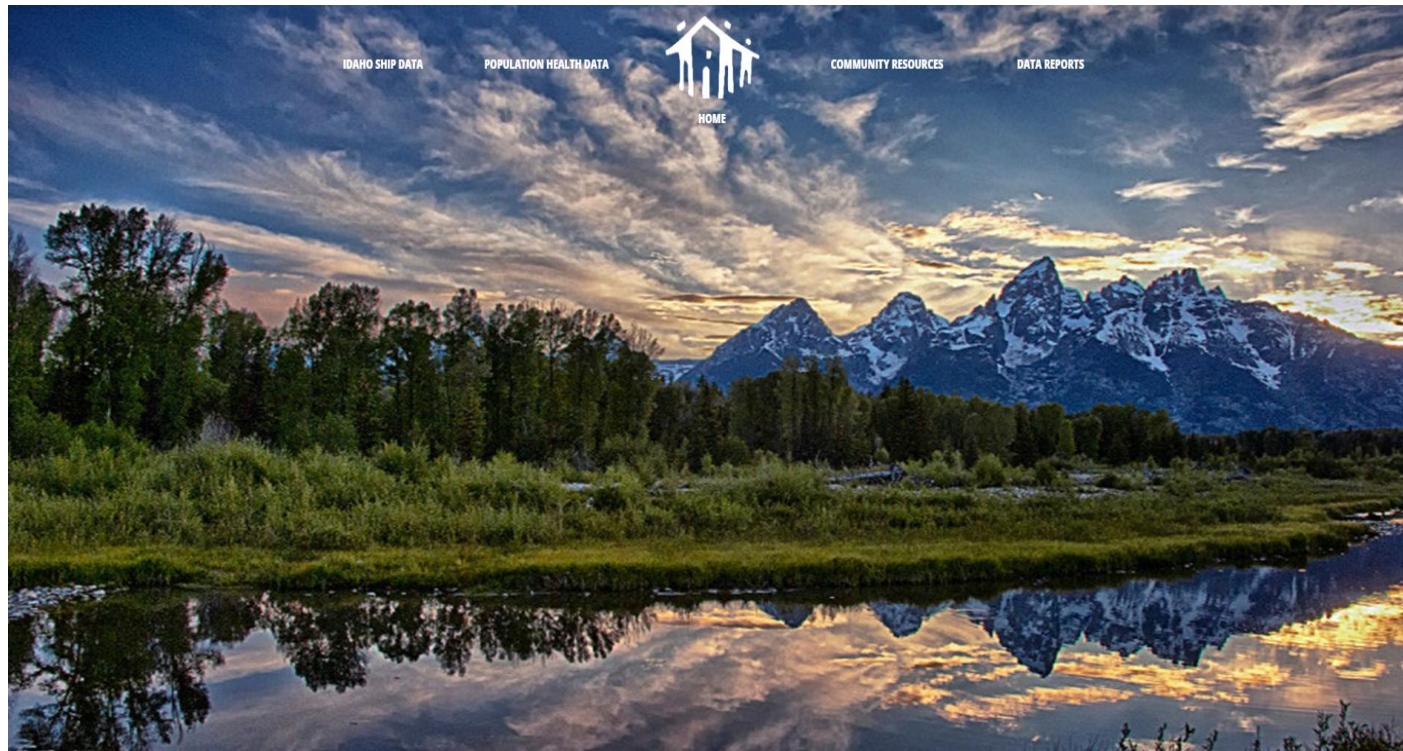
Idaho's Leading Health Indicators fall under 10 topic areas and include a total of 31 indicators of population health.

The LHIs are tracked over time and when it's possible, estimates are developed for demographic subgroups and geographic areas.

The LHI estimates can be viewed on the Get Healthy Idaho website.

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# Get Healthy Idaho Website



<http://gethealthy.dhw.idaho.gov/>



# Identifying Priority Health Topic Areas

The LHIs were combined with other health and social determinant of health measures to assist the DPH and participating stakeholders to identify health priority topic areas for the Get Healthy Idaho initiative.



# Priority Health Topic Alignment

## Idaho's Leading Health Indicators

Topic Area	Leading Health Indicator
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### Overweight/Obesity

% adolescents overweight/obesity  
% adults who are overweight/obese  
% of adults who consume 5 or more fruits and vegetables  
% of adults with no leisure time physical activity

### Diabetes

Diabetes prevalence

### Unintentional Injury

Injury fatalities ages one to 44

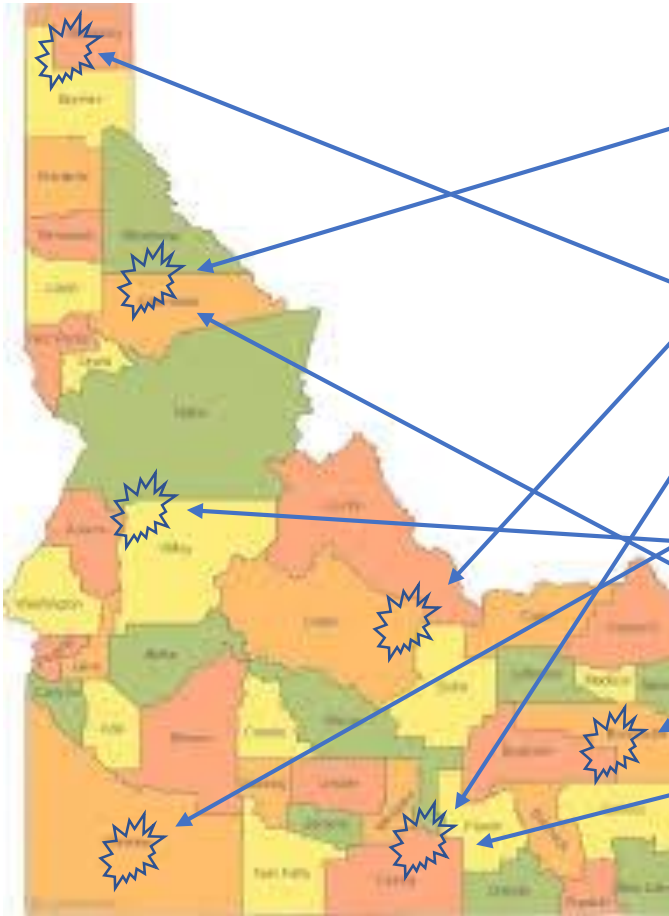
### Behavioral Health

% adolescents who have attempted suicide  
Suicide death rates  
% of adults without healthcare coverage  
% of adults without healthcare provider



# Identify Priority Communities

*Note: Visual Demonstration only. Priority communities have not been selected.*



## **Overweight/Obesity**

- % adolescents overweight/obesity
- % adults who are overweight/obese
- % of adults who consume 5 or more fruits and vegetables
- % of adults with no leisure time physical activity

## **Unintentional Injury**

- Injury fatalities ages one to 44

## **Diabetes**

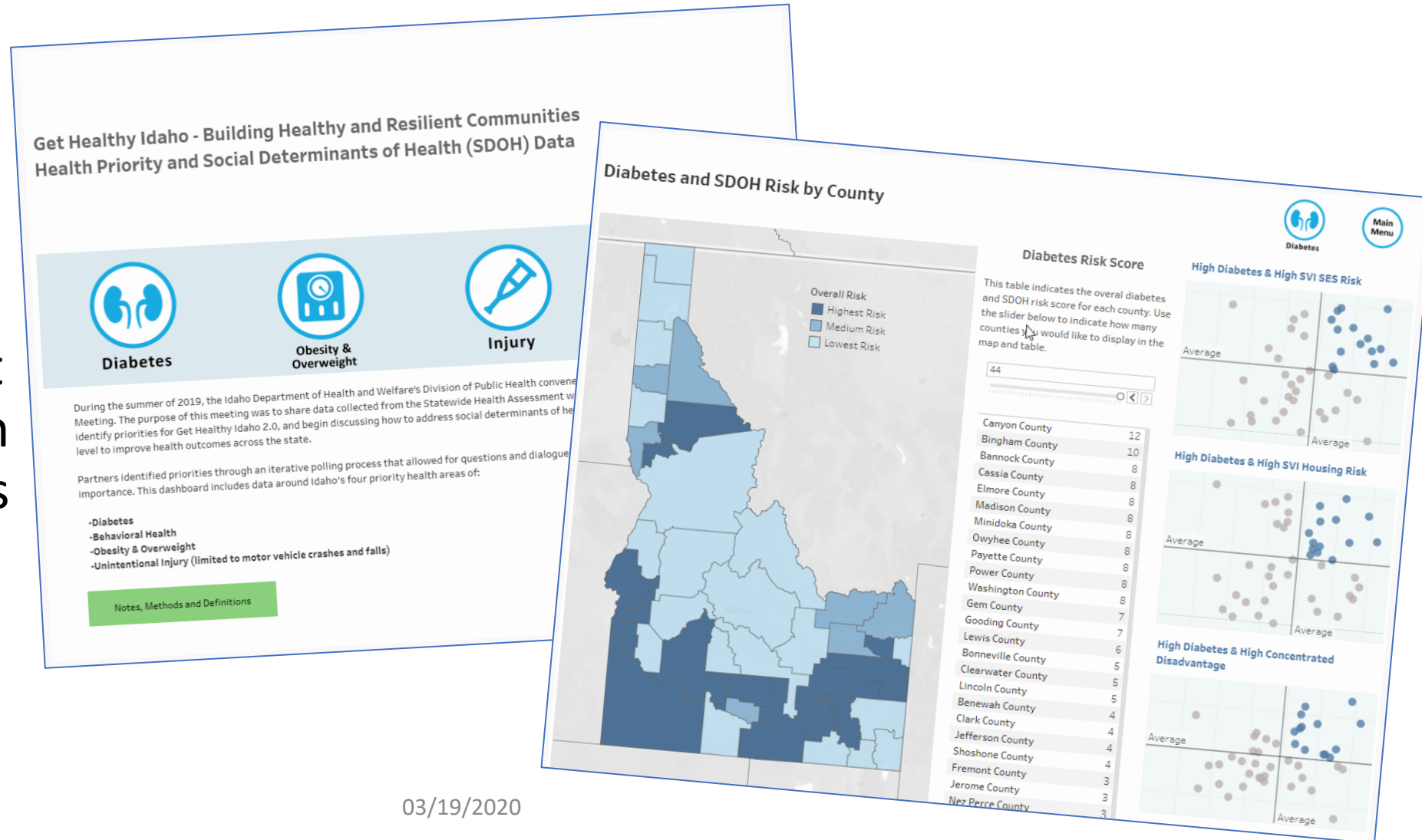
- Diabetes prevalence

## **Mental/Behavioral Health**

- % adolescents who have attempted suicide
- Suicide death rates
- % of adults without healthcare coverage
- % of adults without healthcare provider

# Identifying Priority Communities

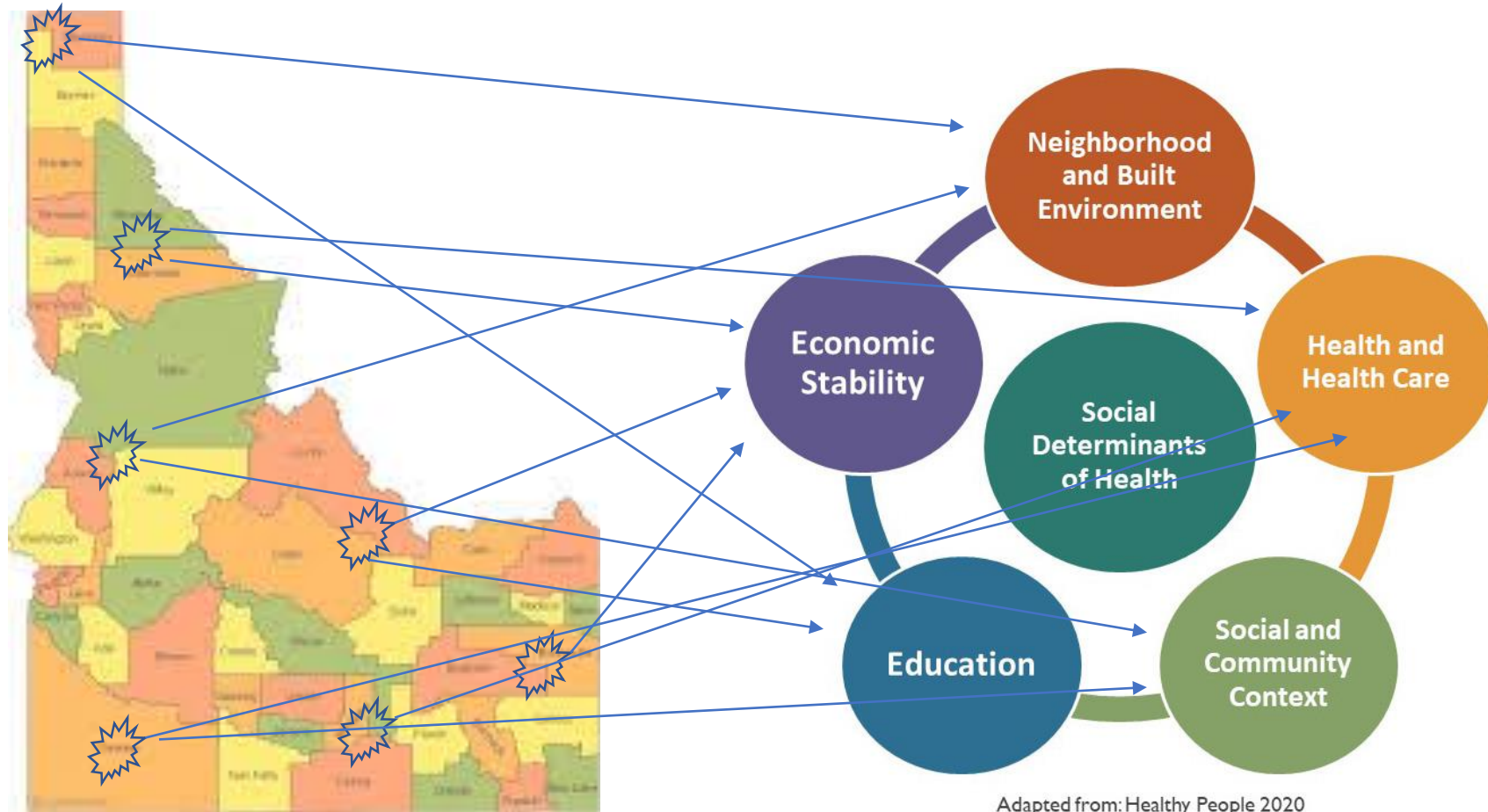
Currently we are compiling data and developing a data dashboard to assist in the identification of priority locations in Idaho (counties, cities, towns).



03/19/2020

# Partnering to Address Community Needs

*Note: Visual Demonstration only. Priority communities have not been selected.*



Adapted from: Healthy People 2020

## Community Selection Considerations



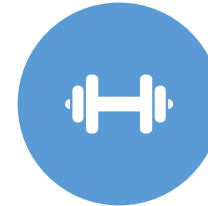
Indicators of need



Existing community  
partnerships



Community readiness



Community needs-  
assets-strengths



Filling in gaps where  
investment  
infrastructure is lacking





**Ethan Despain, Director of Contracting**

March 19, 2020

# CCID = Ideal Model

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The Enhanced Primary Care Case Management (PCCM) program is an ideal Medicaid managed care model for Idaho.

- Ideal for rural and non-urban areas
- Creates direct partnership between the public and private payers and local primary care physicians in a value-based contract that:
  - Delivers the triple aim of better care, better health and lower costs
  - Delivers patient-centered care that is highly coordinated
- Builds local infrastructure and strengthens local providers
- Doesn't require a waiver
- CCID is modeled after and is partnered with Community Care of North Carolina's (CCNC) successful PCCM program



# CCNC Experience

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CCNC has a 20-year history of piloting and operating the PCCM program with great results.

- Improves primary care access for patients (94% of all PCP in NC take Medicaid)
- Improves quality and patient satisfaction (NC patient satisfaction is top 90%)
- 4:1 cost savings (\$ 250-300 million net saving per year over last five years)
- Improves local collaboration (public-private collaboration helps state address hard to tackle issues)



# North Carolina Quality Model

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CCNC and the independent PCPs in NC have formed CCPN (North Carolina version of CCID) utilizing all the expertise and resources of CCNC.

- 2,900 independent primary care clinicians in 870 locations
- 50% rural and 30% solo practitioners
- Over 550,000 Medicaid patients in a value-based contract with all 5 new MCOs
- LLC that is 100% governed by primary care physicians



# Strong Support from CCNC Partner

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- \$200,000 funding to help CCID organize
- Technical assistance from experienced leadership
- Organization and personnel development
- Able to provide technology support:
  - Care management documentation system
  - Impactability<sup>SM</sup> analytics
  - Cost-saving predictive modeling
  - Practice Perfect<sup>SM</sup> physician dashboard as desired



# CCID Organization Structure

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- An Idaho Physician lead non-profit 501(c)(3)
- Independent Primary-care provider network
- CCID meets FTC requirements of clinical integration by controlling costs and ensuring quality through the provision of data analytics and network-wide clinical best practices.
- Board of directors includes Idaho primary care leaders in each region.
- Collective payer (public, private, and Medicare Shared Savings Program entities) negotiation for value-based contracts.



# CCID Organization Structure

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Seven-member primary care physician board geographically distributed with each Idaho health district represented:

■ Scott Dunn, MD	Sandpoint	District 1,2
■ Sam Summers, MD	Caldwell	District 3
■ Ted Epperly, MD	Boise	District 4
■ Keith Davis, MD	Shoshone	District 5
■ Brandon Mickelson, DO	Pocatello	District 6
■ Boyd Southwick, DO	Idaho Falls	District 7
■ Allen Dobson, MD	CCNC	



# CCID Network Composition

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- CCID provider network composition and participation agreement elements
  - Family Medicine, Pediatrics, Internal Medicine (Payer-defined, credentialed PCPs).
  - Participation in CCID is non-exclusive.
    - The practice can continue in any current arrangements and choose which CCID arrangements fit their practice.
  - Quality bonus payments and shared savings distributions to members.
  - Low administrative rates that will be funded by the payer.



# CCID Operations Support and Management

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- Organization and Infrastructure Support
  - Partnership with Community Care of North Carolina (CCNC) which has 20 years of experience in the management of Clinically Integrated Networks
  - Using CCNC network administration and technology infrastructure support, CCID will provide its member practices:
    - 1) Quality-of-care resources and evidence-based clinical guidelines
    - 2) Monthly quality metrics reporting
    - 3) Care coordination of high-risk patients



# CCID Operations Support and Management

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- CCID Management
  - Executive Director – **Brad Gould**  
34 years experience in physician group and managed care organization management
  - Director of Contracting and Provider Relations – **Ethan Despain**  
13 years experience in health plan and provider network contracting
  - CCID has a management service contract with CCNC and Medical Management, Inc. (MedMan).
  - MedMan is a Boise-based physician practice management company managing physician enterprises since 1977



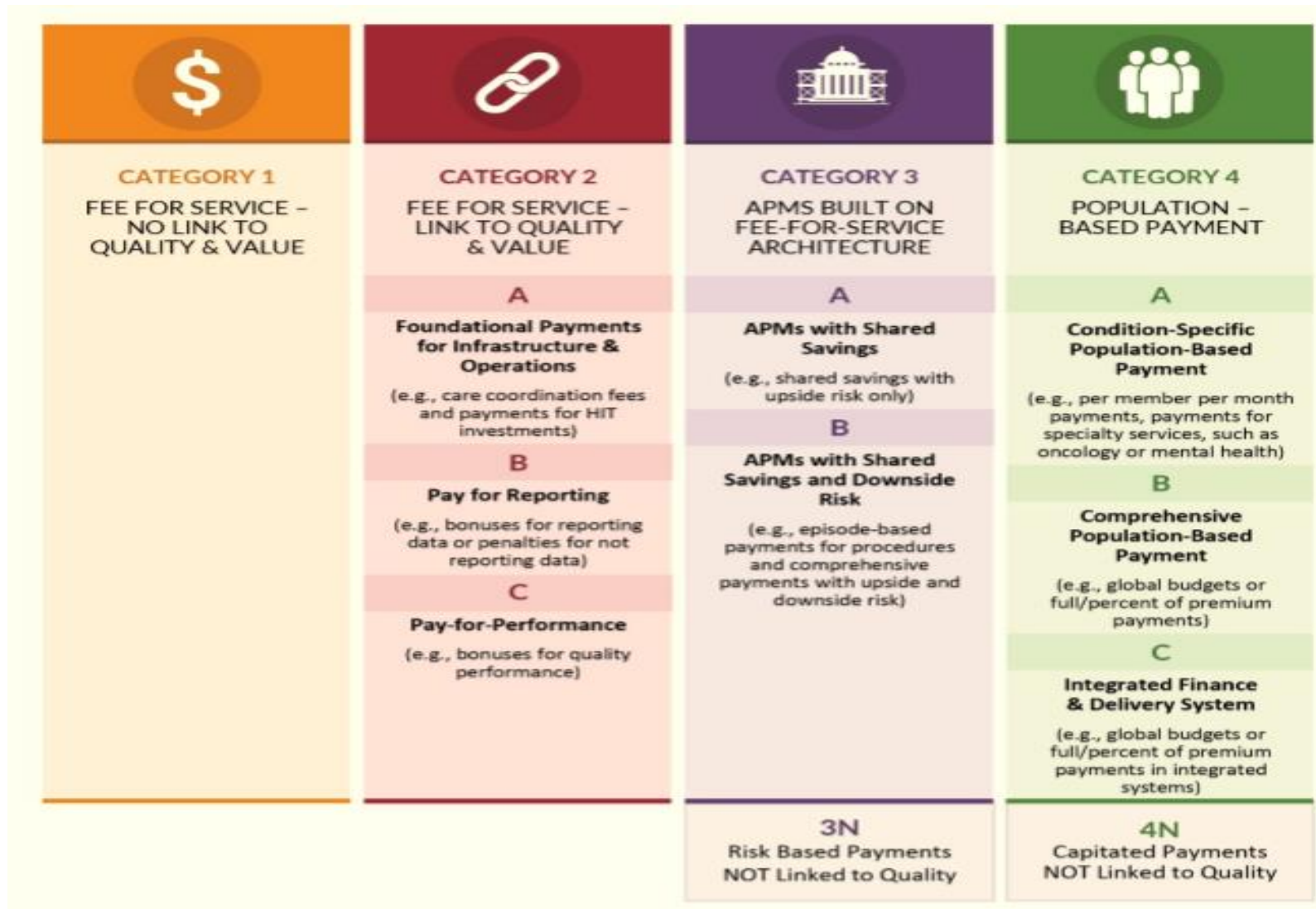
# CCID Network Development Timeline

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- Provider recruitment
  - Independent primary care practices – ongoing
- Payer Contracts (proposed/anticipated)
  - ID Medicaid - July 2020
  - Commercial plan(s) - July 2020
- Network support structure in place by May 2020
  - Provider reps
  - Analytics platform
  - Care coordination



# Advance Payment Models



# Why CCID?

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- Enhanced PCCM Model is the Right Model for Idaho
- CCID's state-wide, physician lead and non-profit structure moves focus, money, and support directly to primary care practices where the biggest impact and ROI of PCCM exists.
- CCID's targeted provider membership of independent practices account for over 50% of the Medicaid enrollment in Idaho.
- CCID partnership with CCNC brings much needed experience in achieving the state's goals in quality improvement and cost savings.

